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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 1075)**

10/0194821
APPLICANT(S)

CLAIMS						
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
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TOTAL IND.	1		1		1	
TOTAL DEP.	1		15		16	
TOTAL CLAIMS	2		16		17	

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